

Registered Nurse & Advanced Practice Registered Nurse **LICENSURE RENEWAL**

The renewal period for RN/APRNs will begin April 1, 2006 and end June 30, 2006. **Any currently Registered Nurse/Advanced Practice Registered Nurse who does not receive a renewal notice by April 15, 2006** should call the District of Columbia's Health Professional Licensing Administration Customer Service line at 1-877-244-1689, Monday through Friday, 8:15 am to 4:45 pm EST to request a PIN number or renewal application.

Renewal notices are sent by **First Class Mail** to the last known address on record however, the Board cannot guarantee delivery. Each nurse must assume responsibility for renewing his or her license by *June 30, 2006*. District law requires licensees to keep the Board informed of all name and address changes. Should a licensee fail to make timely renewal of his/her license, a late fee of \$65 will be assessed.

Licensure fee is \$111.00 payable to Promissor. Failure of a check to clear the bank will cause an application to become incomplete. Applicants *will not be considered licensed* until proper payment has been rendered. Licensees who continue to practice nursing without current licensure may be assessed an administrative fine of \$100 per month. ■

Changes In Procedure For 2006 Licensure Renewal Period

ONLINE LINE RENEWAL:

You will receive a data mailer no later than April 15, 2006. The mailer will provide you with your PIN number and information explaining how to renew your license on-line using a credit card to pay the renewal fee.

TWENTY-FOUR (24) HOUR CONTINUING EDUCATION REQUIREMENT:

When applying for renewal, you will be required to attest to the fact that you have met the 24 hour continuing education requirement. **Do not submit your CE verification information unless requested by the Board to do so.** The Board will do an audit of licensees. If selected, you will be contacted and required to submit documentation verifying the fact that you have met your continuing education requirement. **Information sent to the Board will not be returned.** ■

Continuing Education Required For RN/APRN Renewals To Begin In 2006

By June 30, 2006 all Registered Nurses and Advanced Practice Registered Nurses applying for renewal are required to complete (24) contact hours in continuing education.

Registered Nurses must complete twenty-four (24) contact hours of continuing education in the applicant's current area of practice. Only contact hours obtained in the two (2) years immediately preceding the application date will be accepted.

Advanced Practice Registered Nurses must complete a minimum of fifteen (15) of the (24) twenty-four contact hours in an educational offering(s)

that includes a pharmacology component. Only contact hours obtained in the two (2) years immediately preceding the application date will be accepted.

The following continuing education programs will be accepted:

- (a) An undergraduate course or graduate course given at an accredited college or university
- (b) A conference, course, seminar, or workshop
- (c) An educational course offered through the Internet
- (d) Other programs approved by the Board

Continuing education course requirements may be waived for licensees who submit proof of:

- (a) Having developed or taught a course or educational offering approved for contact hours by a board approved accrediting body. Applicants may receive four (4) contact hours for each contact hour awarded that offering. This is not an option for nurses required to develop and teach continuing education courses or educational offerings as a condition of employment;
- (b) Authorship or editorship of a

Regulation

book, chapter or published peer reviewed periodical, if the periodical has been published or accepted for publication during the period for which credit is claimed.

If a licensee applying for renewal of a license fails to submit proof of completion of the continuing education requirements, or pay the late fee within sixty (60) days after the expiration of the applicant's license, the license shall be considered to have lapsed on the date of expiration and the health care professional shall thereafter be required to apply for reinstatement of an expired license.

Will all applicants have to submit evidence of having completed the required number of contact hours?

No. The Board will audit a select number of licensees. Notice will be sent to those selected to submit proof of completion of their continuing education requirements.

What happens if I don't complete the required number of contact hours?

If you don't submit the required number of contact hours you will not be eligible for the renewal of your licensure status in the District of Columbia and therefore you will not be able to be able to practice until you have met this regulatory requirement.

Are there specific courses that I have to take?

The only requirement is that the course be applicable to your current area of practice. APRNs are required to complete at least 15 of the 24 contact hours in an educational offering(s) that has a pharmacology component.

I have taken a number of continuing education courses but my provider does not have a DC provider number. Is a DC provider number required?

A DC Board of Nursing provider number is not required.

I just recently became licensed

DO NOT SUBMIT CONTACT HOUR VERIFICATION ALONG WITH YOUR APPLICATION. MATERIALS SUBMITTED WILL NOT BE RETURNED.

in the District of Columbia, do I still have to meet the continuing education requirement?

Persons licensed by examination during this renewal period (2004-2006) will not be required to meet the continuing education requirements. Persons licensed by endorsement will have to comply with CE requirements.

I have been ill and have not been able to meet the board's continuing education requirement. Will I be penalized?

The Board may grant a 6-month extension for good cause if requested at, time of renewal. Good cause would include deployment (see next question), or extended illness.

I am currently deployed and have not been able to meet the Board's continuing education requirements. Will I be penalized?

No late fee will be imposed on nurses or other health professionals who are deployed to a war zone or



are on active duty during the licensure period. These health care professionals may renew their license without penalty. Deployed nurses applying after the renewal period will need to apply for reinstatement of licensure and attach documentation verifying their dates of deployment and pay the renewal fee, not the reinstatement fee. Nurses returning from active duty should call (877) 244-1689 to obtain an application for reinstatement. Nurses who are no longer on active duty and who have become reinstated to practice in the District of Columbia will be given a six (6)-month grace period within which they should obtain the required CE credits.

If I am asked to submit evidence of having met my contact hour requirements what information will I be required to submit to the Board?

You will be asked to:

- (1) Submit a verification form or certificate of attendance; OR
- (2) Provide the following information:
 - (a) The name of the board approved CE Provider.
 - (b) The name of the program, its location, a description of the subject matter covered, and the name(s) of the instructor(s);
 - (c) The date(s) of the program;
 - (d) The number of contact hours claimed

What CE offerings are accepted by the Board?

Any of the following board approved courses or educational offerings are acceptable:

- (a) An undergraduate course or graduate course given at an accredited college or university;
- (b) A conference, course, seminar, or workshop;
- (c) An educational course offered through the Internet

How will I know whether or not the program I want to take is board approved?

Educational offerings by the following will meet Board approval:

- Continuing education approved by a State Board of Nursing
- Courses provided by a Board of Nursing approved school of nursing
- American Nurses Credentialing Center (ANCC)
- Accreditation Council for Continuing Medical Education (CME)

I just completed a nursing course. Do I need to take continuing education courses as well?

All course work that you take toward obtaining your nursing degree, including liberal arts courses, will be accepted. Contact hour equivalents are calculated as follows:

1 CEU = 10 contact hours
1 contact hour = 0.1 CEU
1 contact hour = 50 minutes
1 academic quarter hour = 12.5 contact hours
1 academic semester hour = 15 contact hours
1 CME = 60 minutes or 1.2 contact hours

I just graduated from nursing school in May. Do I need to submit contact hours?

No. Newly licensed nurses graduating from prelicensure nursing programs (AA, BSN) are not required to submit contact hours.

I am an APRN. How do I meet the APRN requirement for 15 contact hours in an educational offering with a pharmacological component? If selected for audit, how do I demonstrate my compliance?

An educational offering with a pharmacological component would include, for example, a program on the diabetic patient, which includes content regarding medication used to treat diabetes. If you are selected in the audit, the information you submit should show evidence of compliance with this requirement in the topic, the objectives and/or course outline.

I did not know that I needed to



meet the continuing education requirement this year. What are my options?

You have until June 30, 2006, to comply with the continuing education

requirements. If you have access to a computer there are a number of excellent educational offerings available on the Internet. Also, if you subscribe to a nursing journal, they often have continuing education modules that you can submit for credit.

I am not currently working. What courses should I take?

If you are not currently working, you must assess your future continuing education needs. Do you plan to return to work in your previous area of practice? If so, what updated information do you need to obtain before you return to work? If you plan to change practice areas, what education do you need to meet those needs?

I've had difficulty finding DC Board of Nursing information on the CE Broker website.

CE Broker's website has been revised to make it more accessible. Now when you get to the website, the DC BON's link is immediately visible. See CE Broker's new look below. ■



The CE Broker website's "new look" at www.CEBROKER.com.

DISTRICT OF COLUMBIA BOARD OF NURSING

Licensing Status	Continuing Education	Licensure Expiration Date
■ APRN Advanced Practice Registered Nurse	24 contact hours in 2 years immediately preceding license application. 24 hours specific to APRN specialty, 15 of which shall include a pharmacology component. Continuing education activities can include workshops, conferences, lectures, on-line courses that contribute to professional growth and competence as an APRN.	June 30th even-numbered years
■ RN Registered Nurse	24 contact hours in 2 years immediately preceding license application. Contact hours must be specific to RN's current area of practice. Continuing education activities can include workshops, conferences, lectures, on-line courses that contribute to professional growth and competence in the practice of registered nursing.	June 30th even-numbered years
■ LPN Licensed Practical Nurse	18 contact hours in 2 years immediately preceding license application. Contact hours must be specific to LPN's current area of practice. Continuing education activities can include workshops, conferences, lectures, on-line courses that contribute to professional growth and competence in the practice of licensed practical nursing.	June 30th odd-numbered years
■ TME Trained Medication Employee	12 contact hours 2 years immediately preceding renewal of certificate. Continuing education offerings must be approved by the Board.	October 31st odd-numbered years

Board Of Nursing Approved Providers and Certifying Bodies

Accreditation Council For Continuing Medical Education (ACCME)

<http://www.accme.org/>

Approved by American Association of Nurse Anesthetists (AANA)

<http://www.aana.com/coa/accreditedprograms.asp?state%3dall>

Approved by American College of Nurse-Midwives Certifying Council, Inc. (ACNM)

<http://www.midwife.org/prof/links.cfm>

Approved by American Nurses Credentialing Center (ANCC)

<http://www.nursingworld.org/ancc/accred/orgs.html>

State Board of Nursing approved school of nursing

State Board of Nursing approved provider or course

For a list of approved courses please visit www.cebroker.com

CONTINUING EDUCATION REQUIREMENTS

Activities and Topics Eligible for Continuing Education

Examples of Eligible Topics

- Nursing art and science
- Nursing education, practice and research
- Research in health care
- Biological, physical or behavioral science
- Management, administration or supervision of health care delivery
- Teaching or learning principles
- Ethical or legal aspects of health care
- Content offered in basic nursing educational programs
- Health care trends, issues or policies
- Emergency Preparedness/Disaster Preparedness
- Completion of one or more credits ** towards nursing degree
- Completion of one or more credits** in school, college or university that enhances nursing knowledge and skills

**** One academic credit = 15 contact hours.**

Activities Eligible for Continuing Education

Authorship or Editorship of a published professional nursing book or peer-reviewed journal

Preceptorship – approved by the Board

Initial development and presentation of an approved continuing education course (not an option for nurses required to develop and present continuing education programs as a condition of employment). Four continuing education credits for each approved contact hour— one time only. **PLEASE NOTE:** If a licensee has previously received credit in connection with a particular presentation, the Board **will not grant** credit for a subsequent presentation unless the presentation involves substantial additional research concerning the subject matter.

One contact hour = 50 minutes of organized learning.

Topics not Eligible for Continuing Education

Examples of Ineligible Topics

- Clinical practice related to the policies/procedures of the facility where you are providing nursing care.
- ACLS/BLS certification
- CPR certification
- Orientation specific to employment, i.e., computer course, documentation, human resource policies.
- Attendance at business and/or professional meetings.
- Duplicate activities reviewed within a renewal period, i.e., retraining, presentations
- Courses which focus upon self-improvement changes in attitude, self-awareness, weight loss and yoga.
- Economic courses for financial gain, e.g., investments, retirement, preparing resumes, and techniques for job interviews, etc.
- Courses designed for lay people.
- Liberal arts courses in music, art, philosophy, and others when not leading towards a degree in nursing.
- Courses which focus on personal appearance in nursing.

Please note:

The Board requires that your contact hours be earned through educational offerings that provide contact hours granted by a professional organization. However, the educational offering must:

- Have clear cut objectives
- Pertain to and enhance the licensee's knowledge, skills and judgment
- Pertain to the licensee's scope of practice
- Have a method for evaluating the learner's attainment of the objectives (ie: evaluation)
- Maintain a list of attendees

The licensee should maintain a copy of their verification of attendance or provide the following information: the name of the provider, the name of the program, its location, a description of the subject matter covered, and name of the instructor, dates attended, contact hours awarded.

Frequently Asked Questions Regarding Licensure Renewal

Am I required to submit photographs along with my renewal, and if so, what types of photographs are acceptable?

If you currently have a license with your photo on it: No. You will not be required to submit photos for the 2006 renewal cycle.

If you do not currently have a license with your photo on it: Yes. In compliance with 17 DCMR 4001.1(c), you must submit two (2) identical, recent, passport-size photographs (2" x 2" inches in size) on a plain background, which are front-view and fade-proof. Please write your name, and either your license number or Social Security number on the back of each photo. You will also need to submit one (1) clear photocopy of a government issued photo ID, such as your valid driver's license, as proof of identity. Send the photos and photocopy of ID

along with your Renewal Application form or Confirmation form if renewing online.

If I renew after the expiration date will I be penalized?

If you renew after your expiration date, but within 60 days (July 1 through August 30), you must add a \$65 late fee to your renewal fee. (Please note: Any application postmarked after June 30th will be considered late). After the sixty day grace period is over, but within 5 years, you will be required to apply for reinstatement. If your license is expired for more than 5 years, you will have to re-apply for licensure.

What documents must I submit?

If you apply online

- No documents are needed.

If you submit a paper application via regular mail, please include the following:

- Completed application
- Check or money order for fee: \$111.00 Payable to Promissor. (Please note: Failure of a check to clear the bank will cause an application to become incomplete. Applicants will not be considered licensed until proper payment has been rendered.)

Additional documentation will be needed if:

- **You owe the District of Columbia more than \$100** in fines, penalties, or interest assessed pursuant to the Litter Control Administration Act, the Illegal Dumping Enforcement Act, or the Civil Infractions Act, or in past due taxes. You will need to submit evidence of payment or a payment plan submitted on official letterhead by an approved authorizing body.
- **You don't have a Social Security number** you must provide a notarized letter stating that you do not have one, but have applied for your Social Security number.
- **Your name has changed** since submission of your last application. Submit marriage license or court order of name change.
- **You check "yes" to any of the following*:**
 1. Disciplinary actions taken by a Board of Nursing. Submit documentation indicating the current status of your disciplinary action (probation, suspension, supervision required, etc.)
 2. Substance abuse or psychiatric disorders. Submit letter of explanation and/or documentation from a board of nursing rehabilitation program and/or documentation from your treatment provider regarding your current ability to practice.
 3. Conviction of a crime or probation before judgment since you last renewed your license. Submit letter of explanation and court documents indicating the status of your case. ■

*** Please Note: Your license will not be processed until documentation is submitted.**

MyLicense FAQs

NURSING RENEWALS

General Questions

Q I don't have a computer at home, can I still renew on-line?

A Yes. Any computer with Internet access can be used to renew on-line. You may use a computer at a public library, at your healthcare facility, or you may come to the Board of Nursing's office and use our computer. Our address is: Suite 600, 717 14th Street, NW, Washington, DC 20005 (Metro Center 13th Street exit).

Q Can I use the user ID and password that I established during the last renewal cycle?

A Yes, You will be able to renew your license as of April 1st using your user ID.

Q What do I do if I forget my user id and/or password?

A Register as a new user with a new password and user ID.

Q Will I lose my work if I log out and come back later?

A No. Clicking on "complete" for each step will save your information to our database.

Q Why must I register to use MyLicense?

A In order for us to match you with your unique license information, you must provide the information to register.

Q Is this site secure?

A Yes. Look at the address and make sure that it says https://. The "s" means that it is a secure site. You will also be able to tell by the lock

that should be on the bottom of the browser window.

Q What does the renewal checklist do?

A This is the way that MyLicense shows the licensee what "Steps" must be taken in order to complete the renewal process. Some steps are required and others are not. When the licensee clicks on the "Finish" step, it will tell the licensee if they have not completed all of the steps.

Q Will my email address be sold or shared for a mailing list?

A No. HPLA will not give out or sell your email address. HPLA may use your email address in the future for pertinent correspondence regarding your District of Columbia license only.

Q Can I verify my license expiration date online?

A Yes. You may verify your license expiration date at:
<http://hpla.doh.dc.gov/weblookup>

Q What type of confirmation will I receive after I have completed the online renewal submission?

A After completing the online renewal submission you will receive an application number, along with an authorization code as proof of completing the renewal transaction. Please refer to this application number when contacting HPLA regarding your license renewal. You may verify your license status at:
<http://hpla.doh.dc.gov/weblookup>.

Q Once the renewal is processed successfully how soon can I expect to receive my renewed license in the mail?

A Online applicants will receive their license within 24 hours. It may be longer for those submitting applications through the mail.

Payment Questions

Q What credit cards are accepted?

A MasterCard, Visa, Discover and American Express.

Q Can I pay for half of my fee with a credit card and send the rest in the mail?

A No, the complete fee that is required for the process that you are performing online must be paid in full.

Q Is the billing address my home address?

A The billing address is the address that your credit card company has on file. This address is checked when the credit card is submitted to the processing company.

Q How will the credit card transaction show up on my monthly statement?

A The credit card transaction will appear as Promissor Inc. on your billing statement.

Q Can my credit card information be saved with my user ID/password for the next time I use MyLicense?

A No. For your security, credit card information is not retained after the transaction is processed.

Q Can I give my credit card information over the phone or by mail to renew my license online?

A No. Credit cards are only accepted for online transactions.

Q Why won't the website accept my credit card information?

A There are many reasons why credit card information may not be accepted. The billing information must be entered exactly as it appears on the credit card statement. **Be sure that you do not use any hyphens "-", underlines "_", or spaces when you type your credit card number.** If you find that all data is complete and correct, but the card is still not accepted, try a different card. Please do not call the HPLA regarding invalid credit cards.

Q Why is there an order ID showing up on my credit card bill?

A The order ID is your "Receipt Number" that can be used if you call the agency regarding any problems that you are having with your renewal/duplicate request/initial application. The agency can use this number to search their records to see if they received your credit card payment and the status of your request.

Errors

Q Why does it say "invalid credit card"?

A Make sure you are entering all information correctly – expiration dates, credit card number (without dashes). If you are still receiving the error you must contact your credit card company. Do not call the agency.

Q What does it mean when I get a time out error?

A The request took longer than expected to come back from the database. Try your request again. If you have to try your request again, check your credit card statement and make sure you were only charged once for the fee.

License Questions

Q When will I need to renew my license?

A RNs and APRNs renew June 30th of even numbered years.



LPNs renew June 30th of odd number years.

Q What are the Continuing Education requirements for this renewal cycle?

A 24 Contact Hours are required.

Q How can I obtain my unique PIN number if I did not receive my renewal application in the mail, or misplaced the one I received?

A If you did not receive your application in the mail or misplaced your PIN number, you can contact the District of Columbia's Health Professional Licensing Administration Customer Service Department at 1-877-244-1689, Monday through Friday, 8:15 am to 4:45 pm EST for assistance.

Q If I was recently licensed do I have to renew?

A If you are newly licensed after March 1st your license will carry over to the next expiration period. You should check the expiration date on your license to be sure.

Q What are my options if I will not be practicing in DC during the next two years?

A You can choose to:

- Keep your license active; or
- Cancel your license, in which case you will have to apply again as a new applicant when you decide to resume practice in DC; or
- Apply for Paid Inactive status. Your license will remain valid, but you will not be able to practice until you apply to reactivate your license and pay a fee of \$26.00.

Paid Inactive status is a non-disciplinary license status that retains a licensee's ability to become licensed in the future without taking another licensing examination. While on Paid Inactive status, a licensee may not practice his or her profession in the District of Columbia and will not be sent renewal notices for the duration of the Paid Inactive status. A licensee may remain on Paid Inactive status indefinitely.

You can return your license to active status from inactive status by submitting a written request, paying the most current duplicate licensing fee (currently \$26.00), and submitting any applicable continuing education documentation.

Q If I renew after the expiration date will I be penalized?

A If you renew after your expiration date, but within 60 days (July 1st through August 31st), you must add a \$65 late fee to your renewal fee. (Please note: Any application post-marked after June 30th be considered late). After the sixty day grace period is over, but within 5 years, you will be required to apply for reinstatement. If your license is expired for more than 5 years, you will have to reapply as a "new applicant" and, if approved, you will receive a new license number.

Q Can I cancel my License on-line?

A No. You will have to complete and sign a paper renewal application indicating your desire to cancel your license, and then mail the renewal application to the following address:

HPLA
Attn: Board of Nursing (RN) Renewals
717 14th Street NW, 6th Floor
Washington, D.C. 20005

Q What do I need to do if I wish to place my License on Paid Inactive status? Can I request this on line?

A No. You will have to complete and sign a paper renewal application indicating your desire to go on "Paid Inactive Status", and then mail the renewal application and applicable fee to the following address:

HPLA
Attn: Board of Nursing (RN) Renewals
717 14th Street NW, 6th Floor
Washington, D.C. 20005

Q Can I go Paid Inactive if I allow my license to expire past June 30, 2006?

A You may go Paid Inactive during the grace period with a payment of the \$65 late fee added to your renewal fee.

Q Can I go Paid Inactive if I do not renew my license within the 60-day grace period?

A No. You will have to submit a Reinstatement Application, submit all required documents and pay the reinstatement fee of \$176.00 by sending the items to the following address:

HPLA
Attn: Board of Nursing (RN)
Reinstatement
717 14th Street NW, 6th Floor
Washington, D.C. 20005

You would then request your license to go Paid Inactive after your license has been approved for reinstatement.

Q What happens if my check is returned for non-sufficient

funds, but I have already received my renewed license?

A If your payment is returned by your bank for any reason, your license is considered expired in the District of Columbia and you may not practice nursing until the returned check is replaced. If you continue to practice before resolving the returned check issue, you will be subject to disciplinary action. You must send a replacement certified check or money order only for your renewal amount plus a \$65 returned fee to:

Promissor
Attn: Aquanda Lovett
3 Bala Plaza West, Suite 300
Bala Cynwyd, PA 19146

Q I have completed the web renewal with payment, but there seems to be a delay in

receipt of my license. What might be the delay?

A If you answered YES to any questions in Section 6 during the web renewal process such as compliance to the Clean Hands question, malpractice, etc., then you must mail in a detailed letter explaining why you answered YES and the resolution to the issue. If you indicate on the Clean Hands question that you owe money to the District of Columbia, you must submit proof of the arrangements you have made to pay the outstanding debt. If you indicate that you have been arrested or convicted of a crime, you will need to submit a report from the courts delineating the disposition of the case. If another board has disciplined you, then you must submit a report from that board indicating the disposition of your case. ■

Board of Nursing Update

BOARD ACTIONS

December, 2005; January, 2006

PLEASE NOTE THAT THESE ARE PROPOSED REGULATORY REVISIONS THAT CANNOT BE IMPLEMENTED UNTIL REGULATIONS ARE PROMULGATED. COMMENTS ARE WELCOME.

The following RN Regulation revisions were approved:

(NOTE: MOST OF THESE REVISIONS APPLY TO PN's WITH A FEW EXCEPTIONS.)

LICENSURE BY EXAMINATION

5404.6 If an applicant has not yet taken or passed the NCLEX-RN examination for more than one (1) year after the date the applicant becomes eligible to apply to sit for examination, the applicant shall submit a plan of study for approval by the Board in order to be approved to sit for the NCLEX-RN examination.

5407 REACTIVATION OF PAID INACTIVE STATUS

5407.1 A licensee in a paid inactive status, pursuant to § 511 of the Act, D.C. Official Code § 3-1205.11, shall apply for reactivation of the license by submitting a completed application on the forms required by the Board and paying the required reactivation fees.

5407.2 A licensee in a paid inactive status, pursuant to § 511 of the Act, D.C. Official Code § 3-1205.11, for less than twenty-four (24) months and who submits an application to reactivate a license shall:

- (a) Submit proof as set forth in § 5409 of having completed twelve (12) contact hours in the licensee's current area of practice for each year, or any portion thereof, the license was in inactive status up to a maximum of twenty-four (24) contact hours of continuing education. Only continuing education taken in the two (2) years immediately preceding the application date will be accepted; or
- (b) Submit proof of a current license in good standing to practice registered nursing in a state or territory of the United States. Verification of good standing must be sent directly to the Board by the verifying Board.

5407.3 A licensee in a paid inactive status, pursuant to § 511 of the Act, D.C. Official Code § 3-1205.11, for two (2) years or more, who submits an application to reactivate a license shall:

- (a) Submit proof as set forth in § 5409 of having

completed twenty-four (24) contact hours. Only continuing education taken in the two (2) years immediately preceding the application date will be accepted;

- (c) Submit proof of completing a nurse refresher program approved by the Board; or
- (d) Submit proof of a current license in good standing to practice registered nursing in a state or territory of the United States. Verification of good standing must be sent directly to the Board by the verifying Board.

5408 REINSTATEMENT OF AN EXPIRED LICENSE

5408.3 The Board shall not reinstate the license of an applicant who fails to apply for reinstatement of the license within five (5) years after the license expires. The applicant may become licensed by applying for and meeting the requirements for licensure by refresher program.

5409 RENEWAL OF A LICENSE

- 5409.5 (a) Contact hours may be prorated as follows:
 - (1) RN: Licensed 6-12 months: 12 contact hours.
LPN: Licensed 6-12 months: 9 contact hours.
 - (2) RN and LPN: Licensed less than 6 months:
Contact hours not required.
- (e) A 6-month extension may be granted for good cause if requested at, or before time of renewal. (Please note: If approved, this will not go into effect until the next renewal cycle.)
- 5409.9 The Board may, in its discretion, grant an extension of up to six months of the period to renew the license after expiration, if the licensee's failure to submit proof of completion of the continuing education requirements was for good cause and if the request for an extension is requested at, or before time of renewal. As used in this section "good cause" includes the following:
 - (a) Serious and protracted illness of the licensee; and
 - (b) The death or serious and protracted illness of a member of the licensee's immediate family.
- 5409.10 The Board may, in its discretion, waive continuing education requirements for a licensee who submits proof of:

- (c) Having developed or taught a course or educational offering presented by a board approved accrediting body. Applicants may receive four (4) CEs for each approved contact hour. This is not an option for nurses required to develop and teaching continuing education courses or educational offering as a condition of employment; or
- (d) Authorship or editor of a book, chapter or published peer reviewed periodical, if the periodical has been published or accepted for publication during the period for which credit is claimed.

5409.11 If a licensee has previously received credit in connection with a particular presentation, the Board shall not grant credit for a subsequent presentation unless the presentation involves substantial additional research concerning the subject matter.

5409.9 The Board may, in its discretion, grant an extension of up to six months of the period to renew the license after expiration, if the licensee's failure to submit proof of completion of the continuing education requirements was for good cause and if the request for an extension is requested at, or before time of renewal. As used in this section "good cause" includes the following:

- (a) Serious and protracted illness of the licensee; and
- (b) The death or serious and protracted illness of a member of the licensee's immediate family.

The following LPN Regulation amendment was approved:

5515 DELEGATION OF PRACTICAL NURSING INTERVENTIONS

5415.1 Nothing in this section shall be applicable to, restrict, or limit the gratuitous provision of care by self, family, or friends.

5415.2 Practical Nurses may delegate nursing interventions to be performed by Unlicensed Assistive Personnel. Such delegation shall be in a manner that does not conflict with the Act, this chapter, or with other District and federal laws and regulations which affect the practice of nursing in the District of Columbia. Nothing in this chapter shall be construed as permitting or authorizing an unlicensed person to perform duties beyond the scope permitted, or which are prohibited, by any other District or federal laws or regulations.

5515.1 A practical nurse may assume the responsibilities of delegating, assigning, directing, and evaluating nursing interventions to be performed by other practical nurses and unlicensed trained personnel, after the supervisory registered nurse

has met the following requirements:

- (a) Development of a plan of nursing strategies to be integrated within the client-centered plan of care that identifies the needs of the client, nursing diagnoses, and prescribed nursing interventions; and
- (b) Implementation of the client-centered plan of care, including an identification of those interventions and activities that the practical nurse has the necessary skills and competence to accomplish safely.

5415.5 The Administrator for Nursing Services, or supervisor, shall be responsible for establishing policies and procedures for nursing practice. The policies and procedures shall include a mechanism for:

- (a) Identifying those individuals, by position title and job description, to whom nursing interventions may be delegated based on education, training, and competency measurements; and
- (b) Assisting the delegating practical nurse in verifying the competency of the Unlicensed Assistive Personnel prior to assigning nursing interventions.

5415.6 If the delegating practical nurse determines that the unlicensed assistive personnel cannot safely perform the nursing intervention, the practical nurse shall not delegate the nursing intervention.

5415.7 The delegating practical nurse shall assign and delegate in a manner that protects the health, safety, and welfare of the client and others. The nursing tasks delegated shall:

- (a) Be within the area of responsibility of the nurse delegating the act;
- (b) Be such that, in the judgment of the nurse, it can be properly and safely performed by the unlicensed personnel without jeopardizing the client welfare; and
- (c) Be a task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment.

5515.2 A practical nurse may assign and direct the following types of nursing activities and interventions:

- (a) Activities and interventions whose results are predictable and whose potential for risk is minimal;
- (b) Activities and interventions that frequently recur in the daily care of the client; and
- (c) Activities and interventions that utilize a standard and unchanging procedure.

5515.3 A practical nurse that is responsible for assigning and

directing other practical nurses and unlicensed assistive personnel shall provide initial instructions, monitor the nursing services, evaluate the outcome of the assigned activity or intervention, and provide feedback to the delegating or supervisory registered nurse.

5415.9 Unlicensed Assistive Personnel shall practice under general or immediate supervision of a licensed nurse.

5415.10 The delegating licensed nurse shall be fully responsible for providing supervision to the unlicensed assistive personnel. The supervision shall include:

- (a) Instructing the unlicensed personnel in the delegated nursing intervention(s);
- (b) Monitoring the performance of the delegated nursing intervention(s);
- (c) Verifying that the delegated nursing intervention(s) has been implemented; and
- (d) Evaluating the client's response and the outcome of the delegated nursing intervention(s).

5415.11 The delegating practical nurse shall determine the required degree of supervision after an evaluation of appropriate factors including:

- (a) The stability of the client's condition;
- (b) The willingness and ability of the client to be involved in the management of his or her care;
- (c) The training, experience, and competency of the unlicensed assistive personnel implementing the nursing intervention; and
- (d) The nature of the nursing intervention.

5415.17 The delegating practical nurse shall be responsible at all times for all nursing interventions provided by the unlicensed assistive personnel to whom it was delegated, and is subject to disciplinary action for any violation of the Act or this chapter in connection with the nursing intervention by the unlicensed assistive personnel.

5499 DEFINITIONS

Delegation — the transference from the practical nurse to another individual within the scope of his or her practice, the authority to act on behalf of the nurse in the performance of a nursing intervention, while the nurse retains the accountability and responsibility for the delegated act. ■

How to Submit A Complaint to the Board Of Nursing

REPORTING COMPLAINTS TO THE BOARD

In your role as advocate for your clients it is important that you address the unsafe practice of nurse colleagues. Which avenue you select to address unsafe practice is dependent upon the nurse's level of practice. For minor practice issues you could either consider mentoring the nurse and/or recommending additional education. For practice that needs more direct intervention, speak to the nurse's supervisor. If you are concerned that the nurse is immediately dangerous or if you have tried other options and don't see appreciable improvement in the nurse's practice submit your complaint to the Board of Nursing. Some nurses have found that the poor practice of their colleague is due to the fact that their colleague is not a nurse --- but a nurse imposter. Additionally, the Board of Nursing's regulations for RNs and LPNs states:

A registered/licensed practical nurse shall report unsafe nursing practice by a nurse that he or she has reasonable cause to suspect has exposed or is likely to expose a client unnecessarily to risk of harm as a result of failing to provide client care that conforms to the minimum standards of acceptable and prevailing professional practice. The nurse shall report such conduct to the appropriate authority within the facility, or to the Board.

It is also required that health care facilities report nurses to the Board when the nurse is terminated due to unsafe practice. We know from recent cases in the newspapers that if nurses were reported to the Board sooner lives would have been saved. According to the Health-Care and Community Residence Facility, Hospice and Home

Care Licensure Act; §44-508:

(a) Except as provided in subsection (b) of this section, in the event that a health professional's: (1) clinical privileges are reduced, suspended, revoked, or not renewed; or (2) employment or staff membership is involuntarily terminated or restricted for reasons of, or voluntarily terminated or restricted while involuntary action is being contemplated for reasons of, professional incompetence, mental or physical impairment, or unprofessional or unethical conduct, a facility or agency shall submit a written report detailing the facts of the case to the duly constituted governmental board, commission, or other authority, if one exists, responsible for licensing that health professional.

(b) The reporting requirement in subsection (a) of this section shall not apply to a temporary suspension or relinquishment of privileges or responsibilities if a health professional enters and successfully completes a prescribed program of education or rehabilitation. As soon as there exists no reasonable expectation that he or she will enter and successfully complete such a prescribed program, the facility or agency shall submit a report forthwith pursuant to subsection (a) of this section.

All cases referred to the Board do not result in discipline against the nurse or the nurse losing their ability to practice. In addition to the nurse's practice the board considers the environment in which she is working and the circumstances surrounding the infraction. But, it is not important for you to determine whether or not the nurse has violated the Nurse Practice Act. The case will be investigated and the Board will make that determination.

Q&A

1) Who can file a complaint?

Anyone can file a complaint. Sources of complaints related to licensees include: co-workers or other healthcare professionals, patient or family members, law enforcement, self-reports, and/or other regulatory agencies.

Sources of complaints related to applicants for licensure may include responses to questions asked on the application, information related to a current or prior investigation and discipline in another state.

2) What conduct should be reported?

Conduct that violates expected standards of care that may result in various degrees of harm. There is no list of what should be reported, as it is a matter of judgment for the person making the report based on all the relevant factors. Examples of conduct that demonstrate poor judgment or skill resulting in violations of the Nurse Practice Act, that are reportable to the Board are:

- (a) Practice without a license;
- (b) Gross Incompetence;
- (c) Unsafe Nursing Practice;
- (d) Nurse Impostor;
- (e) Theft of client/patient or employer property;
- (f) Diversion of Drugs;
- (g) Practice while impaired by alcohol/drugs or physical, mental or emotional disability;
- (h) Termination of employment due to incompetence, unsafe practice, unethical and/or unprofessional conduct, or physical, mental or chemical impairment;
- (i) Licensure Denial, Restriction, Revocation or Suspension;
- (j) Client/Patient Abuse;
- (k) Conviction of a misdemeanor or felony crime;
- (l) Adverse action pertaining to Pro-

Professional Liability Coverage;
(m) Termination or Voluntary Relinquishment of Clinical Privileges for any of the reasons listed in (a)-(l). (Advance Practice Registered Nurses Only)

Please note: violations are NOT limited to direct patient care or incidents occurring while on duty as a nurse.

You are encouraged to become familiar with the laws and rules of the Board of Nursing. Please go to www.dchealth.dc.gov to print a copy of current nursing laws and rules.

3) What conduct is not typically reportable to the Board?

Examples of low risk issues not involving patient care, professional judgment, or wrong doing that do not require reporting to the Board of Nursing are:

- Rudeness to peers
- Co-worker disputes
- Personality conflicts
- Absenteeism
- Tardiness
- Labor-management disputes such as work schedules/wages/wrongful termination

Facility specific operational issues that are under the jurisdiction of the D.C. Health Regulatory Administration or other state agencies should not be reported to the Board of Nursing.

4) How do I file a complaint?

Reports to the Board should be in writing. Provide as much detail as possible regarding the "who, what, where, and when." Identify the nurse involved, including the correct spelling of the name, license number, and Social Security number (if available) to assist in identifying the correct individual. If available, provide last known address and phone number of the individual.

Provide a detailed summary of each allegation, including dates of each alleged incident and the medical record number or name of the patient involved. Supplying the name of the patient is not a violation of confidentiality or HIPPA.

Be very specific in describing the event including the date and location of incident.

Provide a list of any witnesses. The Board is interested in first hand observation based on personal knowledge and not on hearsay from others.

Provide legible copies of relevant records/information.

Be sure to include your contact information.

Written complaints should be reported as soon as you have substantiated or otherwise have reasons to believe that a violation of the Nurse Practice Act has occurred and you have followed the policies within your facility's reporting requirements.

5) Where should the complaint be sent?

Submit your complaint to:

District of Columbia Board of Nursing
Health Professional Licensing
Administration
717-14th Street, NW; Suite 600
Washington DC 20005

6) Can I submit a report anonymously?

Yes. But you still must provide the specifics of the complaint – "who, what, where, and when." And also please note, that not having a name may hamper ability to fully investigate the complaint.

7) Can the Board pursue an action without a complaint being filed?

Yes. The Board can request the investigation of a nurse based on information obtained from a valid source when a complaint has not been filed.

8) Will the person know who filed a complaint?

The applicant/licensee may be furnished with a copy of the complaint upon request. However, if disclosure of the name will pose a risk to the person making the complaint, a copy of the complaint with redacted identification information may be provided. If in the Board's discretion, there is a risk of identification and resulting potential for harm, the Board reserves the right to refuse furnishing a copy of the complaint.

9) Will the public be aware a com-

plaint or self-report has been received?

No. The public is not made aware of a report until the Board has taken an action.

10) What happens with the complaint?

Upon receipt of a complaint, the Board may, in its discretion, request that the nurse against whom the complaint is made respond in writing to the allegations contained in the complaint. If the Board requests such a response, it shall inform the nurse of the following:

- (a) That the nurse is not required to respond to the complaint;
- (b) That the Board may send a copy of the health professional's response to the complainant; and
- (c) That the failure to respond shall not be held against the health professional in any subsequent action based on the complaint.

11) How long does the investigation process take?

This process takes an average of six to nine months to complete, depending on the complexity and seriousness of the alleged misconduct. Some high risk/high harm investigative cases have been completed in one month.

12) Can the licensee or applicant work while they are under investigation?

In most cases, the ability to work as a nurse is unrestricted during the investigation, as long as the license remains active. (Renewals and new licenses are not issued until the conclusion of the Investigation.) In the case of impairment due to substance abuse or mental health issues, the nurse's name will be submitted to the Committee On Impaired Nurses (COIN). If in the opinion of the Health Professional Licensing Administration a nurse poses an immediate danger to patients, a Summary Action will be imposed.

13) What can the subject of the complaint or people making the complaint do to assist in the investigative process?

If you are the subject of the complaint: Keep the Board apprised of any changes in your address and phone number, and respond promptly to any requests for information or documents.

If you have filed a complaint: Submit all written documentation regarding your concerns and record any observations and impressions concerning the incident.

14) What happens when the case is presented to the Board Members?

After considering a complaint against a nurse, and any response to the complaint, the Board may:

- (a) Refer the complaint to the Director for investigation;
- (b) Set the matter for a hearing before the Board;
- (c) Request that the respondent attend a settlement conference; or
- (d) Dismiss the complaint.

16) What are the possible decisions or actions of the Board?

No Action—the Board may merely review the complaint and gather information from the nurse against whom the complaint has been filed via written documentation and informal conferences and decide to dismiss the complaint.

Letter of Admonishment—might be written to a nurse if the Board of Nursing does not want to take a formal disciplinary action but wants the nurse to realize that the Board is concerned about her actions and wants to formally acknowledge their concern. This is not a formal disciplinary action.

Letter of Reprimand—a formal action taken by the Board of Nursing—a reprimand must be disclosed to potential employers and to Boards of Nursing in other states where the nurse is licensed or desires to apply to be licensed.

Probation—the Board may require that a nurse be closely supervised and that performance evaluations be submitted to the Board on a regular basis—additionally, the nurse may be required to meet certain continuing education requirements that are specifically related to her breach in appropriate care.

Suspension—the Board takes away a

nurse's license to practice for a specific period of time (any time up to five years) and then allows the nurse to request the return of their license to practice.

Revocation—the Board takes away a nurse's license to practice nursing for a period of five years or more.

Voluntary Surrender—a nurse may give up her license to practice on a voluntary basis.

Impose a Civil Fine—an applicant or licensed nurse may be fined up to \$5,000 for each violation of the Health Occupations Revision Act.

Summary Suspension—If it is determined that the nurse is an immediate danger to the public, the Director shall serve a written notice of a summary suspension of a license of a health professional under § 515 of the Act, D.C. Official Code § 3-1205.15 (2001), in accordance with § 4105.

A notice issued under this section shall state the following:

- (a) The action taken;
- (b) The reasons for which the action was taken;
- (c) That the action is effective upon service of the notice or at a time and date specified in the notice.
- (d) That the respondent has a right to make a written request for a hearing before the Director within seventy-two (72) hours of the service of the notice, or such longer period stated in the notice;
- (e) That the respondent's request for a hearing will not stay the action;
- (f) That the respondent has a right to a hearing within seventy-two (72) hours of the Director's receipt of the respondent's request for a hearing;
- (g) A description of a respondent's rights at a hearing as specified in § 4109.3; and
- (h) The address to which the respondent's request for a hearing must be delivered or mailed.

17) When is the Board decision final?

In the case of a settlement conference, the case is final when the Board

and respondent agree to the terms of the settlement conference and the respondent is notified. The respondent waives the right to appeal, unless the Respondent can show some type of fraud committed by the Board, e.g., the Board agrees to reprimand but later decides to revoke the license after reconsideration of the then-known facts.

If a hearing has been held, after any "exceptions" are considered following a "proposed decision and order" the Board mails the "final decision and order" to the nurse. Then the Board's order is final. Thereafter, the nurse goes to the Court of Appeals or tries to get the Board to reverse or modify the decision (request for rehearing, reconsideration, etc). ■

Committee on Impaired Nurses (COIN) Support Group

The DC Board of Nursing's Committee on Impaired Nurses (COIN) is extending an invitation to recovering nurses to participate in their monthly support group. COIN was established in 2002 as an alternative to disciplinary action to assist licensed nurses impaired due to drug or alcohol dependence, or mental illness. In 2005 COIN established a support group for its participants and has now decided to open participation to any recovering nurse or nurse currently being treated for mental illness.

You do not have to be a member of COIN to participate in the support group. The Support Group meets every 3rd Friday of the month, 12:00 noon - 1:00 pm; at 717-14th Street, NW; Suite 600; Washington, DC. Transportation: Metro Center - take the 13th Street exit; or McPherson Square - take 14th Street exit. Call: 202.724.4900 to let us know of your plans to attend. ■

Board Disciplinary Actions

NAME	LICENSE #	ACTION	REASON FOR ACTION
Pauletta Jackson	RN 56619	Summarily Suspended	Failed to conform to standards of acceptable conduct and prevailing practice. Willful or careless disregard for health and safety of a patient. Knowingly or intentionally possessed a non-prescribed controlled substance. Actions represent imminent danger to the health a safety of residents of the District.
Kimberly Beckwith	RN 965695	Consent Order: Suspended for 5 years; must complete an impaired nurse program	Non-Compliance with COIN agreement

IN THE KNOW

Your opinion on the issues, and our answers to your questions

The Board of Nursing has established this "In The Know" column in response to the many phone calls and emails we receive. The Board often receives multiple inquiries regarding the same issue. Please share this column with your colleagues or urge them to read this column. The more nurses are aware of the answers to these frequently asked questions, the less our resources will have to be used to address duplicate questions.

RN & APRN Renewal

Q What is the web site for nurses regarding license renewal in DC? I sent out a courtesy e-mail to the RNs on staff who hold a DC RN license reminding them of the CEU requirement for their 2006 license renewal. I was amazed by the number of RNs here who did not know of the new CEU requirement. Some of them even got indignant!

A Licensees will receive a renewal notice no later than April 15th.

Regarding registering online: After receiving a PIN number in her or his renewal mailer, nurses should go to www.dchealth.dc.gov and click on "Professional Licensing," then click on "Online Licensure Renewal." The site will indicate when a license expires and will allow the applicant to renew online. (They must have a PIN.)

Thank you for sending a notice to your nurses.

CE Questions

Q Will there be a grace period for those nurses who say they were not aware of the new CE requirements? In 2004, I believe that we could renew on line, but had to submit the license renewal fee payment before the application for renewal was processed. So, that method will not be available to us to renew our license for 2006?

A You will be able to renew online. Nurses will be asked to attest to



Do you have a question you would like answered or an opinion you would like to share? Send your questions or comments to:

"In the Know"
District of Columbia Board of Nursing
717-14th Street, NW, Suite 600
Washington, DC 20005
Fax: 202.727.8471

the fact that they have met the CE requirements. There will then be an audit of select nurses who will be asked to forward information supporting their attestation that they have met the requirements.

Nurses who plan to practice in the District must meet the CE requirements and renew their license by June 30, 2006.

Q I have a question about CE hours. If a nurse is pursuing a nursing degree, are all classes counted? For example, are liberal arts classes counted, since they are a requirement of the degree?

A Liberal arts courses will be accepted if taken in a program that leads to a degree in nursing.

Q I hold a DC RN license that expires on June 30, 2006. In reviewing requirements for 24 contact hours of continuing education, I read in the "DC Municipal Regulations for Registered Nursing", under Renewal of a License, section 5410.5 - 5410.7 that a licensee may request the Board of Nursing to approve continuing education for an undergraduate or graduate course taken. Does this apply to the teacher of the course?

A This ruling does not include faculty members because it is the role of faculty members to teach.

Sample Meds

Q Have any of your boards taken a position on whether an office RN or LPN can give a sample medication to a patient? Would this be dispensing or administration?

A The board of nursing and the board of pharmacy have deter-

mined that this would be dispensing medication, therefore only APRNs can give sample medication to patients.

APRN Questions

Q A health center in DC is looking to hire a new NP. Of their job candidates, none are currently licensed in DC because either they are a recent grad or coming from out of state. From what we understand, if they have an application pending with the Nursing Board they can practice under the supervision of another NP, but NOT under the supervision of an MD. If the provider doesn't have an NP already on staff though, is there no way this new person can practice until the Nursing Board approves the application? Is there any type of exemption or special circumstance that would allow this NP to work under MD supervision pending full licensure? Can an NP, who is awaiting licensure in DC, be supervised by an MD?

A You are correct, she can not practice under the supervision of a MD, but if a Nurse Practitioner in DC is willing to supervise her practice while she awaits licensing she can work. The supervising NP does not have to be on the premises, they can be available by phone.

Q Would the supervising NP have to be available to discuss each patient and cosign charts, or could she (or he) just be available for consultation as needed?

A The supervising nurse does not have to be available to discuss each patient or to cosign charts. They will only need to be available for consultation. ■

DC NURSE HOSPITAL DIRECTORY

CHILDREN NATIONAL MED CTR/ I-8
11 Michigan Ave, NW
Washington D.C. 20010
202-884-5000 • www.cnmc.org
DOCTOR'S COMMUNITY HOSP/ M-6
8118 Good Luck Rd.
Lanham Seabrk, MD 20706
301-552-8118
DOMINION HOSP/ F-10
2960 Sleepy Hollow Rd.
Falls Church, Va 22044
703-536-2000
GEORGE WASH. UNIV. HOSP/ H-9
900 23rd St. NW
Washington D.C. 20037
202-715-4000
www.gwhospital.com
GEORGE WASH. UNIV. HOSP/ H-8
3800 Reservoir Rd. NW
Washington D.C. 2007
202-444-2000
georgetownuniversityhospital.org

GREATER SE COMM HOSP/ J-11
1310 Southern Ave. SE
Washington D.C. 20032
202-574-6000
HADLEY MEMORIAL HOSP/ I-11
4501 Martin Luther King Jr. Ave
SW
Washington D.C. 20032
HOLY CROSS HOSP/ I-8
1500 Forest Glenn Rd
Silver Spring MD 20910
301-754-7000
HOWARD UNIVERSITY HOSP/ I-8
2041 Georgia Ave. NW
Washington D.C. 20060
202-865-6100
www.huhosp.org
INOVA ALEXANDRIA HOSP/ G-11
4320 Seminary Road
Alexandria, VA 22304 •
www.inova.org

INOVA FAIR OAKS HOSP/ 1-9
3600 Joseph Siewick Drive
Fairfax, VA 22033
703-968-1110 • www.inova.org
INOVA FAIRFAX HOSP/D-10
3300 Gallows Road
Falls Church VA 22042
703-968-1110 • www.inova.org
INOVA FAIRFAX HOSP FOR CHILDREN/D-10
3300 Gallows Road
Falls Church VA 22042
703-968-1110 • www.inova.org
INOVA HEART AND VASCLAR INSTITUTE
3300 Gallows Road
Falls Church VA 22042
703-664-7000 • www.inova.org
INOVA LOUDOUN HOSPITAL
44045 Riverside Parkway
Leesburg, VA 20176
www.loudounhospital.org

INOVA MT. VERNON HOSP/ H-13
2501 Parker's Lane
Alexandria, VA 22306
703-664-7000 • www.inova.org
KAISER PERMANENTE MID-ATLANTIC OFFICE/ G-4
2101 E. Jefferson St.
Rockville MD 20852
www.kaiserpermanente.org
LAUREL REGIONAL HOSP/ L-3
7300 Van Dusen Road
Laurel, MD 20707
301-725-4300 • 401-792-2270
MONTGOMERY GENERAL HOSP/H-1
18101 Prince Phillip Drive
Olney, MD 20832
301-774-8882
www.montgomerygeneral.com
AMERICAN NURSES ASSOC
8515 Georgia Ave, Suite 400
Silver Spring, MD 20910
301-626-5036 • www.arna.org

NATIONAL MEDICAL CTR/ I-7
5648 3rd St. NE
Washington D.C. 20011
NORTHERN VA COMM HOSP/ G-10
601 S. Carin Spring Rd.
Arlington, VA • 703-671-1200
www.nvchospital.com
NATIONAL REHABILITATION HOSP CTR/ I-8
102 Irving Street, NW
Washington, DC 20010
202-877-1000
www.nrhrehab.org
POTOMAC HOSPITAL/ WOODBRIDGE
2300 Opitz Boulevard
Woodbridge VA 22191
www.potomachospital.com
PRINCE WILLIAM HOSPITAL/ MANASSAS
6700 Sudley Rd
Manassas, VA 20110
www.pwhs.org
www.dimensionshealth.org
PSYCHIATRIC INST. OF WASH/ H-7
4228 Wisconsin Ave NW
Washington DC 20016
PROVIDENCE HOSP/ J-7
1150 Varnum St NE
Washington D.C. 2001
www.provhosp.org
RESTON HOSPITAL CENTER
1850 Town Center Parkway
Reston, VA 20190
703-689-9000
www.restonhospital.net
SHADY GROVE ADVENTIST HOSP/ E-3
9901 Medical Center Dr
Rockville, MD 20850
301-279-6000
www.adventisthealthcare.com
SIBLEY MEMORIAL HOSP/ G-8
5255 Loughboro Rd. NW
Washington D.C. 20016
202-537-4000
www.sibley.org
SOUTHERN MD HOSP CTR/ L-13
7503 Surratts Rd
Clinton MD 20735
301-896-8000
SUBURBAN HOSP/ G-6
8600 Old Georgetown
Bethesda MD 20614
301-896-3100
VIRGINIA HOSP CTR/ G-9
1701 N. George Mason Dr
Arlington VA 22201
www.virginiahospitalcenter.com
WASHINGTON ADVENTIST HOSP/ i-6
7600 Carroll Ave
Takoma Park MD 20912
301-891-7600
www.washingtonadventisthospital.com
WASHINGTON HOSP CTR/ I-8
110 Irving St. NW
Washington DC 20010
202-877-7000
www.whcenter.org

